Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #:	02-ALL-ALL-0876 (SS)	**Subject:**	Review Committee
Effective Date:	05-25-17	**Last Revision:**	05-02-18
Person Responsible:	Director of Service and Support Administration		

Approvals/Date:

Superintendent, WCBDD — Date: 5/3/18

Department Director — Date: 5/4/18

The purpose of the Review Committee is to review and approve or dis-approve requests for 1) Emergency/Priority Status, 2) Prior Authorization, 3) Home Modifications, 4) Adaptive Equipment, 5) Specialized Medical Equipment, 6) Participant-Directed Goods and Services for Self-Waiver, 7) Administrative Review, 8) Budget Override, 9) Local Funds over $8,000 and 10) Horizons Referrals, 11) Children's Home referrals.

Members: Director of Service and Support (Committee Chair), at least one Intake and Eligibility Specialist, at least one Service and Support Administration Coordinator, Housing Coordinator, SSA Administrative Assistant III, at least one Medicaid Services Specialist, and one Occupational Therapist.

Roles and Responsibility of the Committee:

1. Assure that the rules governing funds allocated are adhered to based on Individual Options, Level One and Self Waiver rules
2. Follow rules in Ohio Administrative Code related to Emergency/Priority Categories
3. Appendix A – Review Committee Criteria

Process:

1. Service Coordinator writes a memo requesting priority/emergency status or admissions to Horizons program. Included in this memo should be diagnosis, Medicaid eligibility, date of birth, living arrangements, current work situation and what natural supports/community resources are currently in place and what paid supports are in place. An Individual Service Plan, DDP, AAI and any related Unusual Incident Reports or Major Unusual Incident reports should be attached to the memo. The memo and supporting documentation will be e-mailed to the chair of the committee.
2. For the Horizons program and Children's Home, Service Coordinator will complete a referral form (Form #03-ALL-ALL-0296) and attach the individual's ISP, Medication Log, UIR, MUI and other relevant information for admission and submit to Review Committee Chair.
3. For all Home Modifications, Adaptive Equipment, Specialized Medical Equipment, and Participant Directed Goods and Services (PDGS), items recommended for purchase through the IO Waiver, Level 1 Waiver, or SELF Waiver must meet the components identified on the Items Recommended for Purchase: SSA Checklist (Form #03-ALL-ALL-0986)
4. Upon requesting PDGS, the Participant Directed Goods and Services Notice (Form #03-ALL-ALL-0987) must be sent to individuals and families.
5. Committee Chair will review packet for thoroughness and forward to committee members within 3 working days if information is complete. If incomplete, chair will request required information from Service Coordinator.
6. If requesting something other than priority/emergency status, Service Coordinator will submit all supporting documentation to Committee Chair.
7. Committee chair will set agenda and notify Service Coordinator if necessary. For Horizons referrals, Service Coordinator will attend the Review Committee meeting to present information.
8. Committee members will review the information and be prepared to discuss at upcoming meeting. A quorum of 4 members is required to conduct business.
9. Committee will meet weekly and an interim approval process will be available for emergencies. Interim approval will be as followed:
    a. Service Coordinator will meet with two members of the committee to discuss emergency.
    b. Committee members may approve or deny based on information provided. Decision will be noted in weekly committee meeting minutes.
10. For Horizons program and Children's Home, emergency admission to the program after hours will be:
    a. Service Coordinator on call will contact the SSA Director to receive emergency enrollment approval.
    b. The SSA Director will contact ViaQuest to make arrangements.
11. At meeting, Service Coordinator will present information and answer any questions posed.
12. Members will review all data and make determination/recommendations based on the criteria that is attached.
13. Following the Review Committee meeting the Administrative Support Staff will send out meeting minutes which lists the outcome of each item discussed in the meeting.
14. Upon review committee approval, the SSA Director will sign the Waiver Service Cost Approval sheet (03-ALL-ALL-0822) and forward to Medicaid Services Specialists.
15. The Intake and Eligibility Specialists will send out notifications to the families in regards to Emergency/Priority status if applicable.

Appendix A: Review Committee Criteria

Form 03-ALL-ALL-0822
03-ALL-ALL-0986
03-ALL-ALL-0987

REVIEW COMMITTEE CRITERIA

Eligibility for Horizons Program

Eligibility for the home will require that an individual have Wood County residency and one of the following:

1. A dual diagnosis on the DSM V for mental health and intellectual disability;
2. Can no longer be safely maintained in current environment;
3. Had repeated hospitalizations (psychiatric);
4. Documentation that behavior support strategies have been unsuccessful;
5. A current home that is inaccessible due to a short-term or long-term need;
6. An instance of unforeseen homelessness that requires immediate intervention.

Eligibility for Children's Home

1. Wood County resident;
2. Eligible for WCBDD Services;
3. Age 6 – 18 for admission;
4. Exhaustion of all potential efforts for the individual to stay in the family home. Examples include, but not limited to:
   a. Respite Home stays
   b. HPC Services through Level 1 or IO Waivers
   c. Community Inclusion through SELF Waiver
   d. Medical evaluations
   e. Behavior Health Services

Considerations for looking at Specialized Medical Equipment over $300

1. The equipment is for the exclusive use of the person requesting it.
2. The equipment, when weighed against other specialized devices, is the most efficient and effective available.
3. The need for, use, and projected outcomes of the specified equipment are stated in the Individual Service Plan.
4. A Medicaid denial letter should be present if the item is a covered Medicaid expense.
5. The device will help the individual remain in the community.
6. If the equipment addresses needs directly related to enabling the individual to perform activities of daily living or to communicate, professional assessments should be included.

Home Modifications

Three bids must be obtained for any home modification.

1. Square footage may not be added to a home utilizing waiver dollars.

Emergency/Priority Criteria

"Emergency status" means an individual is facing a situation that creates for the individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty calendar days. Emergency status may result from, but is not limited to:

1. Loss of present residence for any reason, including legal action;
2. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker's status, or inability of the caretaker to perform effectively for the individual;
3. Abuse, neglect, or exploitation of the individual;
4. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death; or
5. Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

Priority Categories

1. Refinancing of supported living and family support services. An individual who is eligible for home and community-based services and meets both of the following requirements:
   A. The individual is eighteen years of age or older; and
   B. The individual receives supported living or family support services.
2. Refinancing of adult services. An individual who is eligible for home and community-based services and meets both of the following requirements:
   A. The individual resides in the individual's own home or the home of the individual's family and will continue to reside in that home after enrollment in home and community-based services; and
   B. The individual receives adult services directly from the county board or from another provider with funding from the county board.
3. Aging caregiver or intensive needs. An individual who is eligible for home and community-based services and meets either of the following requirements:
   A. The individual does not receive residential services or supported living, either needs services in the individual's current living arrangement or will need services in a new living arrangement, and has a primary caregiver who is sixty years of age or older; or
   B. The individual has at least one of the following service needs that is unusual in scope or intensity:
      I. Severe behavioral problems for which a behavioral support strategy is needed;
      II. A mental health diagnosis for which medication has been prescribed;
      III. A medical condition that leaves the individual dependent on life-support medical technology;
      IV. A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational, or habilitation services is needed; or
      V. A condition the county board determines to be comparable in severity to any condition described in paragraphs (D)(10)(c)(ii)(a) to (D)(10)(c)(ii)(d) of this rule and places the individual at significant risk of institutionalization.
4. Resident of intermediate care facility for individuals with intellectual disabilities. An individual who is eligible for home and community-based services and resides in an intermediate care facility for individuals with developmental disabilities.
5. Resident of nursing facility. An individual who is eligible for home and community-based services and resides in a nursing facility.

Participant Directed Goods & Services (PDGS) under SELF Waiver

1. Need for good and/or service was identified through the discovery process.
2. Existing supports (i.e. unpaid supports, paid support staff) do not sufficiently address the need.
3. Non-waiver supports (i.e. private pay, unpaid supports, insurance, Medicare, Medicaid State Plan, community resources) were explored and do not sufficiently address the need.
4. SELF waiver supports were explored and do not sufficiently address the need.
5. Other options were explored and do not sufficiently address the need.
6. The good and/or service determined is found to be the most cost effective.
7. The purchase assures health and welfare.
8. The purchase helps to achieve an outcome.
9. The purchase is incorporated into the ISP.